Applied Behavior Analysis (ABA) provider Frequently Asked Questions (FAQ)

General questions

What is the Autism Care Demonstration (ACD)?

The ACD covers ABA services for all eligible beneficiaries with a diagnosed Autism Spectrum Disorder (ASD).

Who is eligible for the ACD?

Beneficiaries diagnosed with ASD by an ASD-diagnosing provider and are one of the following:

- Dependents of active duty, retirees, and TRICARE-eligible Reserve Components
- Participants in member plus family coverage under TRICARE Reserve Select (TRS) and TRICARE Retired Reserve (TRR)
- Individuals covered under the Transitional Assistance Management Program (TAMP) or TRICARE for Life (TFL)
- Participants in TRICARE Young Adult (TYA), North Atlantic Treaty Organization (NATO) dependent beneficiaries
- Those no longer TRICARE-eligible who participate in the Continued Health Care Benefits Program (CHCBP)

Who provides Applied Behavioral Analysis (ABA)?

- Board Certified Behavior Analyst (BCBA)
- An assistant behavior analyst
- A Behavior Technician (BT)
- An Autism Demonstration Corporate Services Provider (ACSP)

What is the difference between the sole provider model and tiered delivery model?

The sole provider model allows the use of an authorized ABA supervisor to implement a treatment plan that is designed by that authorized ABA supervisor. The tiered delivery model includes the use of supervised assistant behavior analysts, BTs or both—in addition to the authorized ABA supervisor—to implement a treatment plan that is designed by the authorized ABA supervisor.

What is the difference between comprehensive and focused delivery of services?

ABA services may be comprehensive—addressing many treatment targets in multiple domains, or focused—addressing a small number of treatment targets, such as specific problem behaviors and/or adaptive behaviors.

What is the covered diagnosis for eligibility?

For ACD eligibility, the covered diagnosis is Autism Spectrum Disorder (F84.0) according to the *Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition (DSM-5)/* Autistic Disorder according to the International Classification of Diseases, Tenth Revision, Clinical Modification.

What happens if a beneficiary is identified as ineligible?

Ineligibility for the ACD does not preclude eligible beneficiaries from receiving otherwise allowable services under TRICARE. Humana Military works with the family to identify other appropriate treatments.

What is Extended Care Health Option (ECHO)?

ECHO provides supplemental services to Active Duty Family Members (ADFM) with qualifying behavioral or physical disabilities such as: respite care, additional occupational, physical therapy and care management services. Learn more here.

What services are covered under the TRICARE Basic Program for beneficiaries with an ASD diagnosis?

The TRICARE Basic Program provides a full range of medical specialties to address symptoms of ASD and the additional medical conditions common to this population, including:

- Occupational Therapy (OT)
- Physical Therapy (PT)
- Speech-Language Pathology (SLP)
- Child neurology and child pychiatry
- Clinical psychology for psychotherapies, to include parent-mediated programs
- Psychological testing
- Neurodevelopmental and developmental behavioral pediatrics

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Network questions

What are the national certification boards for ABA providers?

- Behavior Analyst Certification Board (BACB)
  - Board Certified Behavior Analyst (BCBA)
  - Board Certified Behavior Analyst-Doctoral level (BCBA-D)
  - Board Certified Assistant Behavior Analysts (BCaBA)
  - Registered Behavior Technicians (RBT)

- Qualified Applied Behavior Analysis Certification Board (QABA)
  - Qualified Autism Services Practitioner (QASP)
  - Applied Behavior Analysis Technician (ABAT)

- Behavioral Intervention Certification Council (BICC)
  - Board Certified Autism Technician (BCAT)

Note: Providers must meet the requirements outlined in the *TRICARE Operations Manual (TOM)* and comply with applicable state legislation.

Must all ABA providers become certified?

Yes. Submit your application here.

Is recertification necessary?

Recertification is necessary if a provider has not submitted a claim within a two-year period, per *TOM Ch. 4, Sec. 1, Para. 2.5.*

Must all ABA providers become credentialed?

Yes. Behavior analysts, assistant behavior analysts and BTs must be credentialed if they choose to be a network provider. Learn more about credentialing here.

How long does credentialing take?

Credentialing may take up to 30 days to complete. Learn more about credentialing here.

Is recredentialing necessary?

Yes. Recredentialing is required every three years.

What is required as part of the Criminal History Background Check (CHBC)?

A copy of a Criminal History Review, as specified in *TOM, Ch. 4, Sec. 1, Para. 8,* for all authorized ABA supervisors. For assistant behavior analysts and BTs, on or after July 1, 2021, the CHBC shall include current federal, state, and county criminal and sex offender reports for all locations the assistant behavior analyst or BT has resided or worked during the previous 10 years.

Where can providers see a complete list of providers linked to their group?

Visit provider self-service.

How can new locations be added to current contracts?

Contact your TRICARE Community Liaison (TCL) at (800) 444-5445.

Are the TCLs assigned to providers always the same person?

Yes. TCLs are assigned geographically.

What if TCLs do not follow-up after a week?

Contact our provider relations managers at (800) 444-5445.

What is the process for correcting discrepancies found on provider self-service?

Contact a local TCL by calling (800) 444-5445.

What happens if providers are locked out of provider self-service?

Click "forgot password" on the provider self-service login page and follow the steps to reset your password.

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ABA FAQ

Clinical questions

What is the most efficient way to request ABA services?

- Registered providers should submit referrals and authorization requests via provider self-service.
- Providers who are not registered for the provider self-service should register for an account.

What clinical information is required to request ABA services?

Please see the *TOM Ch. 18, Sec. 3, Para. 8.7* for complete requirements.

What is the referral and authorization process for ABA services?

- Beneficiaries must be referred for ABA services. The referral must include a definitive diagnosis of ASD using the *DSM-5 (or current edition)* criteria by a PCM or specialized ASD diagnosing provider. A validated assessment tool must accompany the referral.
- The DSM-5 criteria must be documented in a DHA-approved checklist in the referral. In addition, a validated assessment tool must confirm the ASD diagnosis. To learn about how to participate in the ACD, visit the TRICARE website.
- Upon receipt of the referral, Humana Military authorizes an initial assessment, treatment plan development and outcome measures, given there is a TRICARE authorized ABA supervisor with an opening to accept the beneficiary.
- At an initial evaluation with the authorized ABA supervisor, target symptoms are identified and a TP is developed.
- TPs are updated every 6 months for re-assessments and documenting progress in improving core deficits. Prior to the expiration of each six-month authorization period, the authorized ABA supervisor or ACSP must request re-authorization of ABA services for the next six months.
- Every two years from the initial authorization, a new referral for ABA services and a DHA-approved DSM-5 checklist from the PCM or specialized ASD diagnosing provider, is required.

What if providers need to make changes to existing referrals and authorizations?

Submit your requested changes through provider self-service. Requests to amend existing authorizations are subject to medical necessity review.

Must assistant behavioral analysts and BTs receive supervision?

Yes. Supervision must be provided in accordance with the provider's certifying and licensing bodies.

What are the requirements for completing and reporting outcome measures for authorization of ABA services?

Please see the *TOM Ch. 18, Sec. 3, Para. 6.3* for complete requirements.

What if beneficiaries are unable to meet the necessary requirements for completing the outcome measures needed for authorization?

Beneficiaries who do not meet the requirements will be assisted by an associate on the ACD team who will help resolve the testing issue. If the barriers cannot be resolved, ABA services will not be able to be authorized.

Are BTs permitted to assist with ABA assessments and TPs?

No. BTs may not conduct the ABA assessment, or establish a child's ABA TP.

Can beneficiaries choose an ABA supervisor?

Yes.

Can beneficiaries see more than one authorized ABA supervisor?

Yes; however only one authorized ABA supervisor is approved to provide ABA services for a beneficiary at a time. When a primary, authorized ABA supervisor seeks consultation from another authorized ABA supervisor, the primary authorized ABA supervisor will remain responsible for the TP and is the sole provider authorized to bill for ABA services.

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ABA FAQ

Billing, claims and reimbursement questions

How are claims submitted?

All claims must be submitted electronically with PGBA in order to receive payment for services. Enrollment in Electronic Funds Transfer (EFT) is required for reimbursement.

Who can bill for services?

Authorized ABA supervisors or ACSP.

Are ABA providers considered outpatient primary care or outpatient specialty care for copay determination?

ABA providers are considered outpatient specialty providers.

What are the reimbursement rates for ABA services?

See 2024 ABA reimbursement rates

Is there a difference in out-of-pocket costs for beneficiaries who see a non-network ABA provider versus an in-network ABA provider?

No.

What is the timely filing requirement for claims?

All claims for benefits must be filed no later than one year after the date the services were provided.

When can providers expect to be paid for claims?

Per the contract, claims can take up to 30 days to process; however, we work to process them faster whenever possible.

Can providers check claims status online?

Yes. Providers can check the status of claims online using provider self-service.

What is the HIPAA taxonomy designation for each ABA provider type?

- Behavior Analyst 103K00000X
- Assistant Behavior Analyst 106E00000X
- Behavior Technician 106S00000X
- Other appropriate HIPAA taxonomy based upon license/certification

What are the CPT codes for ABA services?

- 97151: Behavior identification assessment and treatment plan
- 97153: Adaptive behavior treatment by protocol
- 97155: Adaptive behavior treatment by protocol modification
- 97156: Family adaptive behavior treatment guidance
- 97157: Multiple family group adaptive behavior treatment guidance
- 97158: Group adaptive behavior treatment by protocol modification
- 99366: Medical team conference, with patient
- 99368: Medical team conference, without patient

Note: For outcomes measures administered via telemedicine, claims must include the modifier GT.

What if a code is not listed?

The ACD has adopted the Category I CPT codes that directly transferred from the Category III codes. Specifically, the ACD adopted 97151, 97153, 97155, 97156, 97157 and 97158. The other codes are not currently covered under the ACD at this time.

If a beneficiary receives direct one-on-one ABA services from more than one ABA provider in the same day, how should it reflect on claims?

Each rendering provider should have a separate claim line and include supporting documentation.

When should the GT modifier be used when filing claims?

The GT modifier may only be used when billing telemedicine services. For new and approved TPs, 97156 may be conducted via telemedicine only after the first six-month authorization period. Remote services with the GT modifier are excluded for 97151, 97153, 97155, 97157 and 97158.

ABA FAQ

Are there exceptions to the concurrent billing exclusion?

Concurrent billing is excluded for all ACD Category I CPT codes except when the family and the beneficiary are receiving separate services and the beneficiary is not present in the family session. For example, CPT 97153 and 97156 could be billed concurrently if services were being provided to the beneficiary and family in two separate locations. Documentation must indicate two separate rendering providers and locations for the services. If CPT 97153 and 97155 are billed concurrently, the higher rate will be paid and the other will be denied.

Note: "Two separate locations" can be defined as two separate spaces that can be in the same brick and mortar building.

"Documentation" includes session progress notes and the ABA TP (to include the initial ABA TP and ABA TP updates) that identify the specific ABA services used for each behavior target.

What happens if all CPT 97151 cannot be completed within 14 calendar days?

The claim will be denied.

If the delay was the result of circumstances outside of the provider's control, the provider may follow the appeals process for exception consideration:

- Network providers must submit a signed Appointment of representation form with the appeal.
- For guidance on the appeals process, refer to the TRICARE claims information section of the provider handbook.

WHAT IF I HAVE QUESTIONS ABOUT THE CLAIMS PROCESS?

Please use the following contact information for help with claims questions:

Phone:

(800) 444-5445 (option 2)

Written correspondence:

TRICARE East Claims
P.O. Box 202154
Florence, S.C. 29502-2154

WHAT IF I HAVE ADDITIONAL QUESTIONS NOT ANSWERED HERE?

For additional information about the ACD, please refer to the following:

TRICARE Operations Manual (TOM), Ch.18, Sec. 3

Call the ABA dedicated phone line: (866) 323-7155.

Visit the ASD information center

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